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Left main percutaneous coronary intervention for acute coronary syndrome

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Introduction: Unprotected Left Main coronary artery disease (ULMCA) is seen in 1-2% of acute coronary syndrome (ACS) patients. It is a clinically catastrophic event, often leading to abrupt and severe circulatory failure, lethal arrhythmias and sudden cardiac death.

Background & Aims: Though coronary artery bypass graft surgery has traditionally been the preferred approach to revascularization, recent guidelines support the use of percutaneous coronary intervention (PCI) in such cases.

Methods: A retrospective analysis of data was done for five patients who underwent coronary angioplasty from 2008 till now of ULMCA.

Results: 4 out of the 5 patients presented with non-ST elevation acute coronary syndrome (NSTEMI-ACS) and one patient with ST elevation acute coronary syndrome (STEMI-ACS). All the patients were shifted to cathlab within an hour of arrival. One patient was treated with thrombo-suction but he died after repeated ventricular tachycardia and ventricular fibrillation. The remaining four were successfully treated with ballooning, followed by left main to left anterior descending (LAD) artery stenting. All of them were given long-term dual antiplatelet drugs. One died after seven years due to an abdominal malignancy. Another patient died due to possible sudden cardiac death and the remaining two are in follow up for more than a year, and are asymptomatic.

Conclusions: ULMCA PCI for ACS should be done rapidly. Simple strategy of stenting from left main to LAD is preferred wherever feasible. These patients should be closely followed with proper emphasis on dual anti platelet drugs.

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